

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/534472**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3							
4				1			
5			1				
6				1			
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49							
50							
TOTAL IND.			2				
TOTAL DEP.			8				
TOTAL CLAIMS			10				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							